

2. STERILIZATION FROM THE OBSTETRICIAN'S AND GYNECOLOGIST'S POINT OF VIEW

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The subject is discussed on the basis of experience at the Sloane Hospital for Women during the past five years.

During this time 172 women were sterilized. In each case sterilization was carried out in conjunction with some other operative procedure: with hysterotomy in 46 per cent; with Caesarean section in 41 per cent; and with plastic gynecological operation in 13 per cent.

The indications for sterilization are presented and the methods generally used described.

Sterilization done along with abdominal hysterotomy in early pregnancy was performed in those patients having complications which rendered any further pregnancy hazardous.

Sterilization with Caesarean section was advised at the time of the third Caesarean; was advised against at the time of the first Caesarean; and the patient was given the option of sterilization at the time of the second Caesarean.

In plastic operative cases sterilization was advised and carried out when it was obvious that subsequent delivery would be impossible without serious effect on the uterus or to the cervix or pelvic floor.

3. OPERATIVE METHODS OF STERILIZATION OF THE FEMALE

ELIOT BISHOP

In this paper, methods of sterilization are discussed and not pathological indications or the social aspects.

The history of attempts goes back for scores of years, and so many methods have been advocated that we must conclude that none is perfect.

The ideal is a temporary one that can be done without invalidizing. Nothing temporary has been at all satisfactory. Dickinson's and Hyams' office attack in numbers and time have not produced enough evidence of surety and simplicity.